

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542342

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6	/					
7	/					
8		⓪				
9		⓪				
10		⓪				
11		⓪				
12		⓪				
13		⓪				
14		⓪				
15		⓪				
16		⓪				
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18	/					
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37			/			
38			/			
39				⓪		
40				⓪		
41				⓪		
42				⓪		
43				⓪		
44				⓪		
45				⓪		
46				⓪		
47				/		
48			/			
49			/			
50			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				⓪		
53				⓪		
54				⓪		
55				⓪		
56				⓪		
57				⓪		
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99						
100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.	←		13	←	←	
TOTAL CLAIMS			31			